



SECRETARY OF STATE  
**KEVIN SHELLEY**  
STATE OF CALIFORNIA

BBA Stephen

**FILE COPY**

January 21, 2004

Mr. Stephen Kulenguski  
U.S. General Services Administration  
1800 F Street, NW  
Washington, DC 20405-0002

Subject: **FEDERAL REPORTS FOR TITLE I, SECTIONS 101 AND 102 OF  
HELP AMERICA VOTE ACT OF 2002**

Dear Mr. Kulenguski:

Attached are the original signed Financial Status Reports (FSR, SF269a) of Sections 101 and 102 of HAVA, Title I for the period ending as of December 31, 2003.

Please be advised that the Agency has elected to charge the grant indirect expense equal to ten percent (10%) of the actual direct personal service cost. This temporary rate allows the Agency to recover its fair share of indirect costs in lieu of a certified indirect cost rate. As soon as such rate, which is currently being developed, is established, any rate adjustment will be accounted for and adjusted for future indirect cost rate determination.

If you have any questions, please contact Dan Sabarillo at (916) 653-3357.

Sincerely yours,

Debra Jones, Acting Chief  
Management Services Division

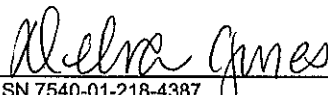
Attachments

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

**ORIGINAL**

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. General Services Administration</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>HAVA of 2002, Title I, Sec 102</b>		OMB Approval No. <b>0348-0038</b>	Page of <b>1</b> <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of California, Secretary of State, Management Services Division 1500 11th Street, 4th Floor Sacramento, California 95814</b>					
4. Employer Identification Number <b>94-6001347</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>3/1/2003</b>		To: (Month, Day, Year) <b>Open</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>3/1/2003</b>	
				To: (Month, Day, Year) <b>12/31/2003</b>	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays				0.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays				0.00	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				57,322,707.00	
i. Unobligated balance of Federal funds(Line h minus line g)				57,322,707.00	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Debra Jones, Acting CHief, Management Services Division</b>				Telephone (Area code, number and extension) <b>(916)653-9216</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>January 16, 2004</b>	